NOTICE OF FORM CHANGE NO. 04-033					DATE 02/09/2004	
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Ma (916) 657-	•	nt Unit	
☐ Community Care Licens ☐ Private and Public Adop	•		District Attorney Other			
Listed below is information re This notice updates your Dep				wn.		
FORM NUMBER AND TITLE CWS 2 (2	2/04) - Peer Quality Case	e Review Pa	rt II - Social Worker Int	terview To	ool	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED	PRICE		INITIAL SUPPLY SENT	
⊠ New ☐ Revised	DATE OF FORM 2/04	REPLACES			Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Perm	nitted With Pr	ior DSS Approval	Red	commended Form	
UNLESS OTHERWISE SPECIFIED STO Department of Social Servion P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:			
	FORMS DISPOSI	TION AND S	PECIAL INSTRUCTION	ONS		
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	stroy			
JSE NEW FORM When supply available in	DSS Warehouse	⊠Use	e new form effective	2/04		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
Attached is a Reproducible C	Сору					

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.



PEER QUALITY CASE REVIEW PART II - SOCIAL WORKER INTERVIEW TOOL

CDSS				
SOCIAL WORKER INTERVIEW INFORMATION				
County Name: Case Name:		Case Name:		
Social Worker Name:		Date of Interview:		
Interviewers: State: County:				
	INTRODUCTIONS	& BACKGROUND		
Social Worker Backgro	ound			
Introductions:				
The interviewers shaprocess.	are their background and	work experience prior to starting the interview		
 Ask SSW for a summary of their social work experience (Length of time with current county/Length of time in current program) 				
Case Background				
 Please tell us how a Original allegations 	nd when this case came	to you and the story of the family?		

2.	Describe	the	attributes	of this	family	7.

> (strengths/needs)

SAFETY AND RISK ASSESSMENT

Safety and Risk Assessment

- 3. Tell us about how and when you assessed this family?
 - Safety and Wellbeing
 - What risk assessment tools were used?

CASE PLANNING AND REASSESSMENT

Case Planning

- 4. Discuss the process by which the case goals were set and describe the goals.
 - What were the allegations
 - Engagement and participation with the family
 - Approach you used to develop a relationship with the family
 - Culturally relevant
 - Family connections

Pe	Permanency Placement				
5.	5. Was there successful movement towards permanency for the	children in this family?			
	SOCIAL WORKER REFLEC	TIONS			
6.	 6. What has worked and what hasn't worked as you have proceed Did/has the case plan address(ed) the specifics needs of What current practice(s) has influenced/may influence the The child/children and family for children/families with similar circumstances (are the Identify existing barriers that affect your ability to accompl What are the challenges you faced/may face as a social with family? 	this family outcomes for: ere noticeable trends) sh what is needed in cases like this or			

7.	 What improvements/changes would be useful to help you do your job more effectively? ❖ Training, systemic changes(policy and procedures), resources
8.	Was there anything about this case you found especially difficult or was most important to you?
9.	Are there questions you would like to ask or anything you would like to add?

	FOR THE REVIEWER ADDITIONAL INFORMATION				
	Use this space to answer the following questions that may be required to clarify/supplement the information to compile data which will be used for the county exit interview.				
1.	Describe/identify Promising Practices				
2.	Identify Challenges/Strengths				
3.	Recommendations/Areas needing TA				